

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

16923

Registration District No.

Primary Registration District No.

Registrar's No.

2100

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1320 Michigan 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Emma Fields

8. (b) If veteran,
name was no.

#495-09-4874

8. (c) Social Security
No. no.

4. Sex female

5. Color or
race Negro

6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife
deceased

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

12 - 16 - 1893
(Month) (Day) (Year)

8. AGE:

Years
49

Months
4

Days
17

If less than one day

hr. min.

9. Birthplace

Marlin

(City, town, or county)

Tenn.

(State or foreign country)

10. Usual occupation

Laundress

11. Industry or business

Lesco Wade

12. Name

Tenn.

13. Birthplace

Henn Clark

(State or foreign country)

14. Maiden name

Tenn.

15. Birthplace

Mable rant

(State or foreign country)

16. (a) Informant

2011 Brooklin

(b) Address

removal

5-7-43

17. (a) (Burial, cremation, or removal)

Wynnewood, Okla.

(c) Place: burial or cremation

18. (a) Signature of funeral director

Brady funeral Home

(b) Address

1708 Tracy

19. (a)

5-6-43

M. M. Brown

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Michigan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from May 3
to May 3, 1943
that I last saw her alive on May 3
and that death occurred on the date and hour stated above.

Immediate cause of death Disruption
of bones

Duration

Due to

Unknown

Due to

12, 2 B

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

23. Signature

G. W. Brown

(M. D. or other)

Address

1708 E 12 St

Date signed

May 4 43

OCT 30 1946

OCT 30 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.